



DEPARTMENT OF THE NAVY
NAVAL SERVICE TRAINING COMMAND
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GREAT LAKES, ILLINOIS 60088-2845

CNSTCINST 1301.1
N1
9 Apr 07

COMNAVSERVTRACOM INSTRUCTION 1301.1

Subj: INDIVIDUAL AUGMENTATION (IA) READINESS PROCEDURES

Ref: (a) CJCSI 1301.01C
(b) OPNAVINST 1001.24

Encl: (1) Typical Selection Flow Chart
(2) Check-in Sheet IA Addendum for NSTC Staff
(3) Sample Page 13
(4) IA Pre-deployment Guide
(5) Letter of Instruction for Navy IA
(6) Post Augmentation Critique
(7) Example Expeditionary Combat Readiness Center (ECRC)
Checklist
(8) Example DA FORM 7425 and Instructions

1. Purpose. To provide direction to Naval Service Training Command (NSTC) personnel on policies and procedures concerning IA.

2. Background. Per references (a) and (b), the Navy may be required to augment/supplement the other armed forces in time of war, and more specifically, in support of the Global War on Terrorism. These requirements are usually distributed individually throughout the different Navy domains. NSTC is generally tasked to fill IA billets in the Naval Education Training Command (NETC) domain. Enclosure (1) depicts the typical decision-making process for nominating individuals for IAs.

3. Action

a. NSTC IA Coordinator

(1) Serve as the technical expert in IA policy and guidance for the NSTC chain of command. Inform NSTC commands/activities of any changes to IA policy and update this instruction as needed.

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(2) Act as the liaison between the NETC IA office and designated Command IA Coordinators. Ensure tasking and nomination results are handled expeditiously.

(3) Maintain historical records of past and current IA taskings o include personnel assigned, commands tasked, after-action critiques and all pertinent info related to the specific IA tasking.

(4) Track NSTC's IA Redlines per CNO guidance and as directed by NETC.

b. Commanding Officers

(1) Designate a primary and back-up Command IA Coordinator, E7 or above, to liaison with the NSTC IA Coordinator. Naval Reserve Officers Training Corps (NROTC) units coordinate with NSTC Officer Development's IA Coordinator.

(2) Ensure all requirements within this instruction and Navy IA policy are met within your command.

(3) Maintain personal and periodic connections with each IA and their families. The deploying of an IA outside of your command does not lessen your responsibility to your IA or their family.

(4) Ensure all impact statements are approved by you or your designated appointee.

(5) Your nomination for an IA tasking, among those eligible, should be the person with the least impact to the command's mission if indeed he/she is selected. You should never nominate someone who is critical to the mission, in the hope of not being selected, if someone else is eligible and would have less of an impact if selected.

(6) Designate a Point of Contact (POC), E6 or above, within your command/activity to maintain updates and periodic reports with Individual Augmentees while they are deployed.

(7) Provide status report to Commander NSTC, via NSTC IA Coordinator on your deployed IAs on a quarterly basis. Report

must include Augmentation NE number, rank and name of IA, deployed augmentation command and APO/FPO address, status of family, anticipated return date and any amplifying information deemed necessary to the status of his/her deployment.

c. Command/Activity IA Coordinators

(1) Become familiar with the IA Command Handbook. Copies, along with related handbooks for Sailors going on IA (IA Sailor Handbook) and for their families (IA Family Handbook) are located on the NKO website.

(2) Ensure all military staff members receive enclosure (2) upon check-in to their respective command.

(3) Ensure all military staff members complete enclosure (2) within two weeks of promulgation of this instruction or check-in to their respective command.

(4) Ensure that as a part of the check-in process each staff member signs a Page 13 as shown by enclosure (3). The member will also include on the Page 13 a personal impact statement concerning any personal/family issues that may prevent him/her from deploying.

(5) Keep signed copies of enclosures (2) and (3) on file for all military personnel in your respective command.

(6) Adhere to privacy act guidelines when handling and storing enclosure (2) and the necessary checklists.

(7) Maintain historical records of past and current IA taskings to include personnel assigned, orders, and all pertinent related information to the specific IA tasking.

(8) Ensure the NSTC IA Coordinator always has updated POC information to reach your command in the event an IA must be tasked.

(9) On a monthly basis, or as otherwise requested, provide a status update to the NSTC IA Coordinator on the primary and alternate IA nominations and their readiness prior to deployment in accordance with enclosure (4).

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(10) Inform personnel they are responsible for updating their statements as their personal/family issues change. All personnel will maintain dental readiness Class I or II.

(11) Ensure members that are nominated as Primary and Alternate IA fills begin completing the necessary requirements described in enclosures (4) and (5) as soon as they are nominated to NSTC. The Alternate will be on call until the Primary IA is finished with training and has made it to the ultimate duty station for the intended IA tour.

(12) Assist selected Individual Augmentees (Primary/Alternate) in obtaining appointments for medical and dental pre-deployment screening at local medical and dental treatment facilities, and for tracking the progress with the approved checklists Enclosures (7) and (8). Report completion of all checklist items as soon as possible, and not later than 14 days prior to the date the Primary Augmentee will report to initial duty station listed in the orders. See enclosure (4) for submission details.

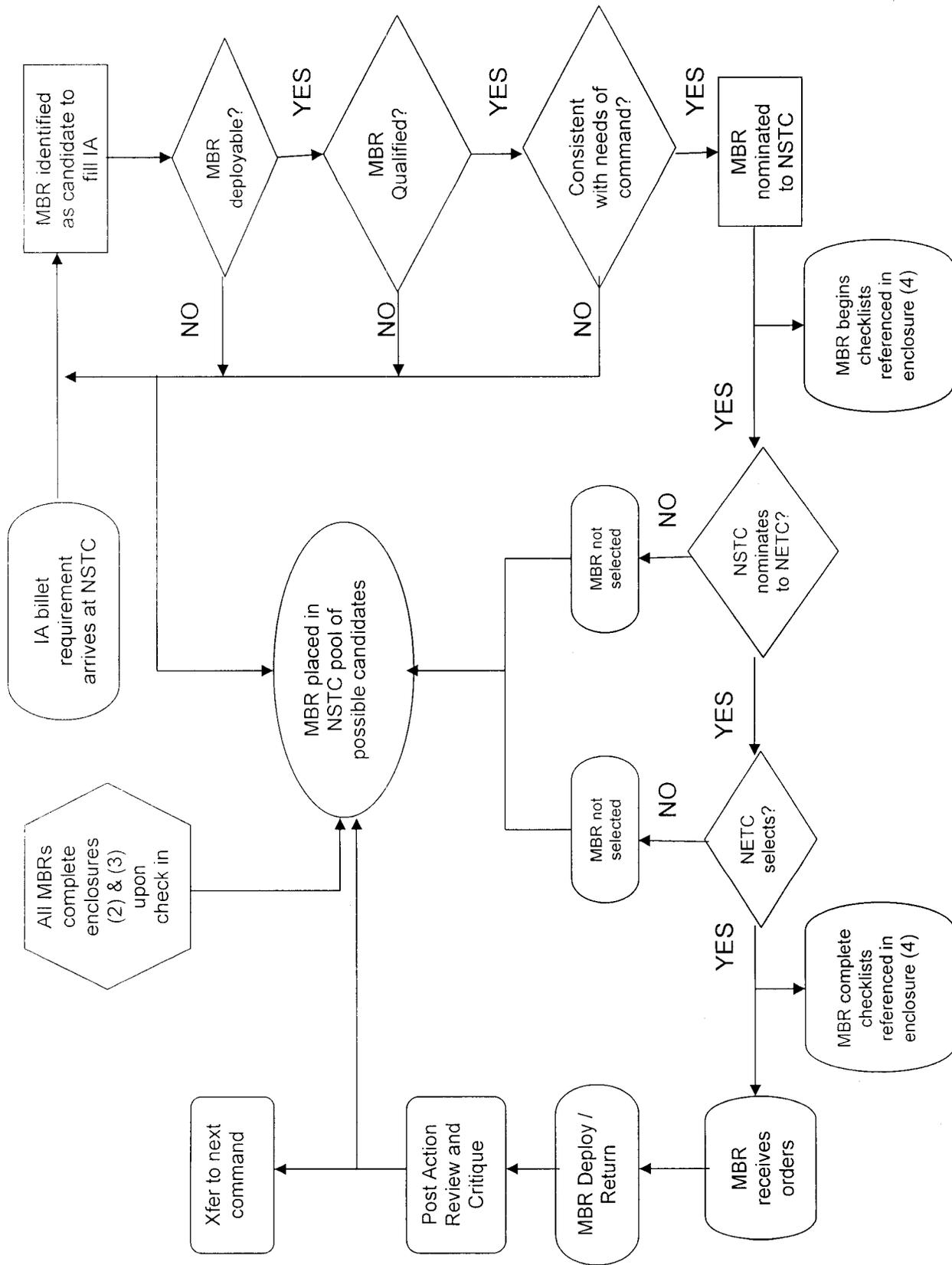
(13) Notify the NSTC IA Coordinator when deployed Individual Augmentees have returned from deployment.

(14) Ensure each Individual Augmentee fills out the Post Augmentation Critique, enclosure (6). Forward a signed copy to the NSTC IA Coordinator no later than two weeks after service member returns from IA deployment.



M. M. KOLAR
By direction

Copy to:
NSTC OD
OTCN
OTCP
RTC



CHECK-IN SHEET IA ADDENDUM FOR NSTC STAFF MILITARY PERSONNEL

Member's Name	Check-in date
<p>The purpose of this Check-In sheet is to prepare you, and your command, in the event you are selected for Augmentation.</p>	
1. Check-in with Command IA Coordinator.	_____
	CIC
Discuss the following:	
a. Enclosures (4,5,6)	_____ initial
b. ECRC Checklist & DA FORM 7425	_____ initial
c. Explain the available IA resources	_____ initial
d. IA Sailor Handbook	_____ initial
2. Determine need/Submit Family Care Plan.	_____
	ADMIN
3. Determine need for Exceptional Family Member (EFM) Program.	_____
	ADMIN
4. Verify/Update Security Clearance.	_____
	SECURITY MANAGER
5. Update Will through NLSO.	_____
	NLSO LN
6. Check-in with Command Fitness Leader.	_____
	CFL
	_____ Y or N
	In standards yes/no?
7. Check-in with Command Medical Liaison.	_____
	MEDICAL
Common Disqualifying Medical Conditions:	
a. Uncontrolled hypertension (high blood pressure)	
b. Use of anti-depressants/psychotropic meds	
c. Diabetes Type I or II	
d. Sleep Apnea requiring CPAP machine use	
	_____ Y or N
	Deployable yes/no?
8. Sign Page 13 with CMC/Dept Head.	_____
	CMC / DEPT HEAD
9. Deliver Page 13 to Command IA Coordinator	_____
	CIC

ADMIN REMARKS
NAVPERS 1070/613 (REV 10-81)
S/N 0106-LF-010-6991

SHIP OR STATION
Naval Service Training Command

I understand that while attached to Naval Service Training Command (NSTC), due to the needs of the armed forces of the United States of America, the Navy, and NSTC, I may be nominated and/or selected to fill an Individual Augmentation (IA) billet in support of the Global War on Terror or other initiative of the armed forces. I understand it is my responsibility to remain eligible for such an assignment, as orders may be issued with short notice. I understand it is my responsibility to communicate to my chain of command any issues I have preventing me from being deployable and to work to resolve these issues to the best of my ability.

I provide the following personal impact statement concerning any family/medical issues I may have:

Member's Signature: _____

Witnessed By: _____

NAME (Last, First, Middle)	SSN	BRANCH AND CLASS USN
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INDIVIDUAL AUGMENT DEPLOYMENT GUIDE

1. Purpose. To provide those individuals nominated for Augmentation a ready checklist of common items to be completed prior to commencement of travel.
2. Action. The following two forms should be started after notification is made to NETC that the member will be the primary or alternate nomination for an Individual Augmentation (IA). They are required to be completed prior to departure.
 - a. Forms to complete (all forms located on NKO IA Website; examples of each included as enclosures (7) and (8):
 - (1) Expeditionary Combat Readiness Center (ECRC) IA Checklist
 - (2) Department of Army Readiness and Deployment Checklist (DA FORM 7425)
 - b. Pursuant to orders from PERS, it is mandatory that Individual Augmentees download, complete and submit the ECRC IA Checklist and the associated DA FORM 7425 in their entirety prior to reporting to their first duty station in the mobilization/IA orders. The IA checklist provided by ECRC is the only one required by their orders.
 - c. The parent command is responsible for assisting the nominee in obtaining appointments for medical and dental pre-deployment screening at local medical and dental treatment facilities, and for tracking progress with the ECRC IA checklist and reporting to ECRC completion of all checklist items as soon as possible, and not later than 14 days prior to the date the IA reports to the initial duty station listed in the IA orders. Command reports of IA checklist completion should be made via e-mail to: Ecrc.hq.fct@navy.mil.
 - d. Two websites are most helpful in preparing for an Individual Augment; NKO (www.nko.navy.mil) and the NPC Website (www.npc.navy.mil) have all the materials you will need prior to deployment. They contain the required checklists listed above, handbooks and also provide

Frequently Asked Questions (F.A.Q) and a posting board for questions.

They are very informative sites, both for military and their family members. Each country and the different IA commands have links to their websites you can navigate to through NKO.

**LETTER OF INSTRUCTION (LOI) FOR NAVY INDIVIDUAL
AUGMENTATION (IA)**

1. Purpose. To provide guidelines and requirements for administrative and medical requirements for Navy IAs.
2. Action. To meet an aggressive timeline for training and deployment, commands are required to complete the following actions with exceptions noted. Many of these items are addressed in the ECRC and DA Form 7425 checklists as described in enclosure (4). This LOI will provide in more detail what is expected for those items required by the nominated IA, parent command or local medical facility.

- a. Administrative Requirements

(1) Government Travel Charge Card (GTCC): Sailors GTCC accounts must be activated. Open GTCC account for personnel who qualify but do not have an account. Identify Sailors who are not qualified to receive a GTCC. For active duty personnel, ensure they receive advance per diem in lieu of GTCC through their local Personnel Support Detachment (PSD) prior to departure. Advance per diem will be provided for 30 days at 80 percent. Inform all Sailors receiving advance per diem that funds are for lodging and meals only while conducting CONUS pre-deployment training. Maximum use of government messing and berthing at the training sites will be directed. Parent command will retain GTCC Agency Program Coordinator (APC) responsibility. Immediate Superior in Command (ISIC) is responsible for coordinating with the parent command and the individual Sailor to ensure all GTCC issues are resolved expeditiously.

(2) Security Clearance: Unless specified in the mission specific LOI, all Sailors should have a SECRET (minimum interim SECRET) security clearance. Parent command shall review security clearance for deploying members ensuring required investigation has been completed or Standard Form 86 (Security Questionnaire) and fingerprint card submitted to Office of Personnel Management (OPM). Also have command Security Manager verify information is updated in JPAS.

(3) ID Card: Sailors shall report with a current Common Access Card (CAC) with associated Public Key Identification (PKI) certificates. All Sailors must know their pin access for their CAC card, and should test it prior to departure from their parent command.

(4) Service Record (2 required) Containing the following:

(a) Officer: Copies of Temporary Assignment Duty (TEMADD) orders, updated Page 2 and Service Group Life Insurance (SGLI), dependent care certificate (if required) and a signed family separation allowance form (DD form 1561) (if member meets eligibility criteria).

(b) Enlisted: Copies of TEMADD orders, current contract with any extension(s), updated Page 2 and SGLI, dependent care certificate (if required), Page 4 (which includes ASVAB score and award points), last 3 consecutive evaluations/FITREPS, a signed worksheet for next eligible advancement cycle, and a signed family separation allowance form (DD form 1561) (if member meets eligibility criteria).

(5) Page 2 and SGLI Update: All Sailors must ensure Page 2 and SGLI updates are completed by the local PSD prior to departure.

(6) Legal Information: Update Wills and Powers of Attorney as necessary. Ensure family care plan certificates, OPNAV form 1740/6, if required, are current.

(7) Obligated Service (OBLISERV): Ensure each Sailor has sufficient OBLISERV to meet mission requirements; a minimum of 13 months from the report date on the orders. If a member has insufficient OBLISERV, prepare NAVPERS 1070/601 or NAVPERS 1070/621 as appropriate per MILPERSMAN ARTs 1070-240 and 1070-250 (NAVPERS 1070/601, immediate reenlistment contract and NAVPERS 1070/621, agreement to extend enlistment).

(8) Projected Rotation Dates (PRD): If necessary, parent commands should initiate a PRD change request for Sailors assigned to Individual Augmentation billets, adjusting their PRD to one month after scheduled return from the IA mission. Reason for PRD change should read "PRD change required to support Navy's GWOT efforts as directed by higher authority."

(9) My Pay: Ensure All Sailors have PIN to access their DFAS "My Pay" account.

(10) Physical Fitness Standards: All Sailors must be screened to ensure they have passed the last Navy PFA and are currently within allowable Body Composition Assessment (BCA) standards.

(11) Medical/Dental/Personnel Service Records: All Sailors will report with their Deployment Health Records (DHR), Dental, and Service Records, unless otherwise directed in the mission specific LOI. Permanent medical records will remain in CONUS at parent command MTF. One battle service record will be maintained by center of excellence at PSD Little Creek, VA, unless otherwise directed, for the duration of deployment. One Battle Service Record, DHR and Dental Record will accompany members on deployment.

(12) EVALS/FITREPS: Mission ISIC will administer all EVALS and FITREPS. All Sailors will bring a copy of their latest EVAL/FITREP. EVALS and FITREPS will be completed as concurrent/regular reports IAW BUPERSINST 1610.10A, chapter 4, for personnel under TEMADD orders. The regular reporting senior countersignature will be IAW BUPERSINST 1610.10A.

(13) Weapons: Per NAVADMIN 234/04 on the implementation of the domestic violence misdemeanor amendment to the gun control act for military personnel, all personnel must not have been convicted of a misdemeanor crime of domestic violence. Members should be fully qualified to ship, transport, possess or receive firearms and/or ammunition.

(14) Pre-Departure Training: as listed in NKO, each Sailor is to complete the following training prior to departing the parent command and bring certificate(s) of completion as:

Course title	Course number
Trafficking in Persons Basic Awareness Training	JKDDC-TIP-1
DOD Information Assurance Awareness	DOD-IAA-V2.0
SERE 100 Level B- Code of Conduct Course	CPD-LEVELB-1.0
ATFP level I Awareness Training for Overseas Service Members	CANSF-ATFP-OCONUS-1.0
Cold Weather Injuries	NPDC-CWI-1
Hot Weather Injuries	NPDC-HWI-1
FY06 GMT Unit 3.3 Sexual Assault	CPD-GMT06-033
FY06 GMT Unit 3.2 Fraternization and Sexual Harassment	CPD-GMT06-032
FY06 GMT Unit 2.2 Anger Management and Suicide Awareness	CPD-GMT06-022
FY06 GMT Unit 1.3 Operations Security	CPD-GMT06-013
SAEDA Briefing	NPDC-SAEDA-1
United States Army Values	NPDC-USAV-1
M16 Weapon Safety	CANS-M16WS-1.0
M9 Service Pistol Training	CANS-M9SP-1.0

(1) All personnel deploying to theater must be medically (to include dental) and psychologically fit for deployment. Fitness specifically includes the ability to accomplish the tasks and duties unique to a particular operation, and ability to tolerate the environmental and operational conditions of the deployed location, including wear of protective equipment and use of required prophylactic medications. Deployable health service support infrastructure provides only limited medical care.

(a) Each parent command Medical Department Representative (MDR) will conduct a thorough review of each member's Health Record (HREC) and Dental Record (DENREC). NAVY MEDICAL PROCESSING SYSTEM medical department use CNO GENADMIN 162133ZSEP2005 guidance for operational support centers and NMPS to conduct medical screening of personnel. The review will include psychological history to ensure sound mental competency for the mission (no behavioral incidents or anger management issues within the past three years). Process of evaluating psychological history must include a review of Sailors service records by MDR.

(b) The Health Record and Dental Record are the primary sources of medical/dental readiness information. The Shipboard Automated Medical System (SAMS) shall be updated based

on data in the Health Record/Dental Record. All parent commands must promptly enter medical/dental data into NAVY MARINE CORPS MOBILIZATION PROCESS SYSTEM before member departs. Information and questions may be sent to mill_nmcmps@navy.mil, or by contacting NAVPERSCOM (PERS 4641B) at COMM: 901-874-2414/DSN: 882-2414.

(2) The following information must be documented in the Health Record, Deployment Health Record and Dental Record:

(a) Annotation of blood type and RH factor, HIV, G6PD, sickle cell and DNA. Ensure HIV is completed and documented in a timely manner as live virus immunizations cannot be given until a negative HIV result is in the HREC. Active duty military personnel in the Navy and Marine Corps personnel shall be screened periodically for serologic evidence of HIV infection.

(1) Active Duty personnel shall be tested no more or less frequently than every two years, unless clinically indicated, for serologic evidence of HIV infection.

(a) Current allergies.

(b) Special duty qualifications.

(c) Annotation of corrective lens prescription. Current corrective lens prescription must be in the HREC (see parts 7 and 8 of this section).

(d) Summary sheet of current and past medical and surgical problems.

(e) Copy of DD 2795 (pre-deployment health assessment form). Members must provide copy of DD 2795 for HREC and DHR. Additional guidance provided below in section 4.a of medical/dental requirements section.

(f) Documentation of dental status class I or II (see part 10 of this section).

(g) Immunization record. Must accurately reflect the current status for all immunizations at the time of departure (i.e. last minute immunizations provided on the deployment line IAW part 2 (below,) must be annotated in the Deployment Health Record (DHR) prior to departure).

(h) Audio baseline: a DoD form DD-2215 baseline audiogram must be in the HREC (see part 9 of this section)

(i) Each parent command MDR will use information in HREC to establish a DHR for each member (see medical/dental/personnel service records section).

(2) USCENTCOM theater specific immunization requirements: All personnel must have required theater-specific immunizations prior to deployment. Supervisors and Commanders must ensure the following standard immunizations are current prior to deploying to the USCENTCOM AOR:

(a) Hepatitis A Vaccine Series.

(b) Hepatitis B Vaccine Series (e.g. medical, mortuary affairs, law enforcement).

(c) Influenza (current annual vaccine).

(d) Tetanus-Diphtheria (within 10 years).

(e) Typhoid (injectable or oral), current per package insert.

(f) Pneumococcal Vaccine: for all asplenic (with no spleen) personnel--0.5 ml Internal Medicine or subcutaneous. Give one revaccination five or more years after initial Pneumococcal vaccination.

(g) Polio, measles and rubella vaccines: Nearly all service members received these vaccinations early in their military training. At pre-deployment, administer only if there is specific reason to believe the member did not receive these immunizations either during routine childhood vaccination or military entry. These immunizations should not be given merely based on lack of documentation of previous receipt of such.

(h) Anthrax and smallpox immunization per latest DoD guidance.

(i) PPD/TB screen: PPD skin test within 12 months of deployment required for all deploying personnel. PPD converters must have annual TB screen.

(j) Commands will report immunization data through DEERS, SAMS and/or MRRS as applicable. No required immunization will be deferred until arrival in the AOR. Exceptions:

(1) If unavoidable circumstances preclude administering all immunizations in a series, at least the first in the series must be administered prior to deployment, with arrangements made for subsequent immunizations to be given in theater, if possible.

(2) Deployers having a household member with contraindications for the smallpox vaccination may be allowed to deploy unvaccinated and will be vaccinated at the deployed location. Include their smallpox screening questionnaire as part of their dd 2766, deployed medical record. Follow current guidance on immunization waiver requests and vaccine adverse event reporting.

(3) Physical exams and special duty exams must be current IAW service policy and remain current for the anticipated duration of the deployment.

(a) Health assessment. Conduct pre- and post-deployment health assessment (DD form 2795 and DD form 2796 respectively) on all deploying government personnel. The pre-deployment health assessment will be completed at the NOSC or parent command before departure electronically via the web as directed by NAVADMIN 200/06. All pre-deployment health assessments must be dated within 90 days of departure.

(b) If unsure as to deployability while on certain medications, contact ISIC medical for clearance. Personnel will report to NMPS Norfolk with a minimum 180-day supply of prescription medications.

(4) Women's Health Examinations (Paps and Mammograms): results of most recent pap/mammogram test must be documented in HREC and DHR. Periodicity of exams can be found in the manual of the medical department and "the guide to clinical preventive services" available at <http://www.ahrq.gov/clinic/gcpspu.htm>

(5) Pregnancy Evaluation: Ask female members if there is any possibility of pregnancy and document in HRECC. Liberal pregnancy testing is encouraged to ensure female members are not pregnant in view of immunization requirements. Pregnant members cannot deploy OCONUS.

(6) Eyewear Exam: eyewear prescription must be within the past two years to be current and a copy must be entered in the HREC/DHR. Civilian prescriptions are accepted. Members should report with two pairs of eyeglasses. Military eyeglasses with simple lenses can be issued at NMPS Norfolk with a current prescription. Navy personnel will not deploy with contact lenses unless written authorization is provided by their unit and placed in the HREC/DHR. Sailors approved for contact wear while deployed must bring a maintenance kit including a 180-day supply of all required maintenance items (e.g. cleansing solution).

(7) Personnel who require medical equipment (for example, corrective eyewear, hearing aids) must deploy with all required items in their possession, to include two pairs of eyeglasses, protective masks eyeglass inserts, and hearing aid batteries.

(8) Audio Baseline: current (completed within last 2 years) DoD Form DD-2215 baseline audiogram must be in the HREC.

(9) Dental Requirements

(a) Members must be Dental Class I or II to deploy. Sailors classified, as Dental Class III must have a dental exam by a military dentist 30-60 days prior to recall determining severity of problem and length of treatment required. Those members having problems requiring treatment that will exceed 2 weeks are not eligible for deployment.

(b) Orthodontic appliances: members cannot deploy while undergoing active treatment. The government shall incur no obligation to adjust, activate, remove or replace orthodontic appliances in place at the time of executing active duty orders. (NAVPPERS 1070/613)

(10) Malaria Prophylaxis. Malaria including chloroquine-resistant malaria is endemic in Afghanistan from March through November. Personnel deploying to malaria endemic areas will take mefloquine, one 250 milligram tablet weekly, beginning two weeks prior to departure and continuing for four weeks after return; or doxycycline 100 milligrams once daily beginning 2 days prior to departure and continuing for 28 days after return.

(11) Pre-Deployment Health Threat Briefing. ISIC will ensure all deploying personnel receive a pre-deployment brief by

preventive medicine or other qualified personnel on health threats and countermeasures for the AOR and their destination. Briefs should include the following topics:

(a) Endemic diseases: diarrheal disease, tuberculosis, hepatitis A, vector-borne disease, rabies, and leishmaniasis. Avoid all animals, including domestic cats and dogs. Do not keep mascots.

(b) Environmental health threats: Climate, topography, contamination and pollution, venomous snakes and scorpions. Heat injuries may be the greatest overall threat when deployed to warmer climates. Acclimatization may take 10-14 days. Ensure proper work-rest cycles with adequate nutrition and hydration to the greatest extent possible.

(c) Combat and deployment related stress.

(d) Work and recreational injuries.

(e) Field sanitation and personal hygiene.

(f) DoD approved food and water sources.

(12) Insect repellent (DEET), personal application NSN 6840-01-284-3982. Lotion applied directly to exposed skin (areas not covered by permethrin. Treated BDU's) protects against biting insects for up to 12 hours per application. Each member must deploy with 4 tubes of repellent. Appropriate resupply must be arranged during deployment. All personnel will deploy with three sets of permethrin treated uniforms. Once treated, uniforms cannot be dry cleaned or starched as these chemicals render the permethrin ineffective. Items dry cleaned in error must be rescheduled for immediate retreatment.

(13) Malaria prophylaxis. Requirements vary with location and season within the CENTCOM AOR. Contact local NAVY ENVIRONMENTAL PREVENTIVE MEDICINE UNIT for guidance prior to deployment.

POST AUGMENTATION CRITIQUE ADDENDUM FOR MILITARY PERSONNEL
RETURNING FROM IA

Member's Rank/Name	NE LINE #	Return date
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The purpose of this Return Critique is to help the Navy and our command improve the IA process. Your input will be invaluable to future Navy personnel sent overseas on Individual Augmentation. Please answer truthfully and with as much detail as you feel necessary. Extra sheets of paper may be added if you need additional space.

Preparation Questions						
Were the checklists helpful in preparing you for your IA?	Not-at-all				Excellent	
	1	2	3	4	5	6
Was the IA Sailor handbook helpful?	Not-at-all				Excellent	
	1	2	3	4	5	6
Did your command help you walk through the necessary preparations?	Not-at-all				Excellent	
	1	2	3	4	5	6
Was the NKO training helpful?	Not-at-all				Excellent	
	1	2	3	4	5	6
Was the Army or specific training en route to your final destination useful?	Not-at-all				Excellent	
	1	2	3	4	5	6
What would you say was most helpful in preparing you for the IA?	Fill in:					
Did you feel that you were given the training and gear you needed for your deployment?	Not-at-all				Excellent	
	1	2	3	4	5	6
Was the medical facility you went to complete your checklist helpful?	Not-at-all				Excellent	
	1	2	3	4	5	6
Deployment Questions						
Were you assigned a POC at your command before deployment?	Yes / No					
Did this POC stay in contact with you during your IA?	No	Sometimes			Yes	
	1	2	3	4	5	6
Was your family taken care of while you were away?	No	Sometimes			Always	
	1	2	3	4	5	6
How helpful was your detailer throughout the process?	Not involved			Very involved		
	1	2	3	4	5	6
Overall, how would you rate working with Joint/Multinational forces?	No Difference			Rewarding		
	1	2	3	4	5	6
Did you find this IA to be a rewarding experience?	No					Yes
	1	2	3	4	5	6

Post Action Questions	
<p>What suggestions would you give to someone preparing for an IA?</p>	
<p>What additional training or gear would you recommend?</p>	
<p>What else can be done to improve the Individual Augmentation process? (Use separate sheet of paper if needed)</p>	
<p>Additional Comments? (Use separate sheet of paper if needed)</p>	

IA Signature: _____

Date: _____

Command Action: Forward via chain of command to NSTC IA Coordinator NLT 2 weeks after IA's return from deployment.

ECRC IA CHECKLIST

Submit by Email

Last Name	First	Middle	SSN
Paygrade	Rating	Designator	Component

Personal Email	Local Phone
Navy Email	Cell Phone
Army Email	Local Address

Originating Command	UIC				
Command POC	POC Phone				
Command POC Email	DSN				
Order Receipt Date	Initial Report Date	Checklist Deadline	Mar 21, 2007	RTN	NE-0000-0000

Advancement TIR Date	Recommended for advancement	<input type="radio"/> Yes <input checked="" type="radio"/> No	Taking exam prior to deployment <input type="radio"/> Yes <input checked="" type="radio"/> No
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Date of Birth	Gender	Blood Type	Religious Preference
Specialty Areas			
Independent/ FMF			
Destination/Base			

Spouse	Next of Kin
Name	Name
Address	Address
City	City
State	State
Zip	Zip
Email	Email
Phone	Phone
Children	Relationship

Privacy Act Statement
 Authority: 10 USC 5013; EO 9397 (SSN); NM05000-3 Organization Management and Locator System (August 15, 2006, 71 FR 46898).
 Purpose: To evaluate individual readiness posture and to provide individuals selected for deployment necessary information to ensure their preparedness.
 Routine Uses: Department of the Navy Blanket Routine uses (found at privacy.navy.mil)
 Disclosure: Voluntary. However, failure to provide the requested information may significantly delay or impede individual preparation and may result in the failure to properly notify individuals of deployment information.

A. DA 7425	
Complete all <i>verifiable, applicable</i> items of DA 7425 simultaneously with this checklist. (Link to DA 7425 and specific completion instructions are located at the NKO website).	<input type="radio"/> Yes <input checked="" type="radio"/> No
B. MEDICAL	
1. Medical record in hand.	<input type="radio"/> Yes <input checked="" type="radio"/> No
2. NOSC/Parent command entered medical data in NMCMPMS.	<input type="radio"/> Yes <input checked="" type="radio"/> No
3. Medical Readiness Data entered into MRRS.	<input type="radio"/> Yes <input checked="" type="radio"/> No
4. Food/drug allergies with medical warning tags on hand or ordered.	<input type="radio"/> Yes <input checked="" type="radio"/> No
5. Immunizations up to date (5a - 5m).	<input type="radio"/> Yes <input checked="" type="radio"/> No
a. Hepatitis A (2 shot series).	<input type="radio"/> Yes <input checked="" type="radio"/> No
b. Hepatitis B (3 shot series).	<input type="radio"/> Yes <input checked="" type="radio"/> No
c. Influenza (each year, seasonally).	<input type="radio"/> Yes <input checked="" type="radio"/> No
d. PPD (annually).	<input type="radio"/> Yes <input checked="" type="radio"/> No
e. Typhoid (within 2 years for injection, 4 years oral vaccine).	<input type="radio"/> Yes <input checked="" type="radio"/> No
f. Tetanus (within 10 years).	<input type="radio"/> Yes <input checked="" type="radio"/> No
g. Yellow Fever (location dependent, last dose w/in 10 years).	<input type="radio"/> Yes <input checked="" type="radio"/> No
h. Smallpox series (within 10 years).	<input type="radio"/> Yes <input checked="" type="radio"/> No
i. MMR (once, or documented titer).	<input type="radio"/> Yes <input checked="" type="radio"/> No
j. Oral polio vaccine/Inactivated polio virus vaccine (Once).	<input type="radio"/> Yes <input checked="" type="radio"/> No
k. Meningococcal (location dependent, within 5 years).	<input type="radio"/> Yes <input checked="" type="radio"/> No
l. Pneumococcal [Asplenic (for persons without spleen) only].	<input type="radio"/> Yes <input checked="" type="radio"/> No
m. Immunization data reported via SAMS or MRRS.	<input type="radio"/> Yes <input checked="" type="radio"/> No
6. Blood type and Rh factor and date of blood draw documented.	<input type="radio"/> Yes <input checked="" type="radio"/> No
7. HIV-1 antibody test within 2 yrs of deployment or sample collected (must have results prior to receiving live vaccine).	<input type="radio"/> Yes <input checked="" type="radio"/> No
a. HIV Negative. (<i>Note: HIV Positive NOT DEPLOYABLE</i>)	<input type="radio"/> Yes <input checked="" type="radio"/> No
8. DNA sample on file or collected with proof of registry with AFIP.	<input type="radio"/> Yes <input checked="" type="radio"/> No
9. G6PD results and date of blood draw documented.	<input type="radio"/> Yes <input checked="" type="radio"/> No
10. Sickle Cell results and date of blood draw documented.	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> N/A
11. Negative pregnancy test w/i 30 days of deployment (written proof of tubal ligation / hysterectomy are exception).	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> N/A
12. Copy of most recent (within one year) DD Form 771, eyeglass prescription.	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> N/A
a. one set of same prescription eyeglasses.	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> N/A
13. Copy of medication prescriptions.	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> N/A
a. IA traveling overseas, in possession of minimum 180 day supply of same medication prescription (s).	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> N/A
14. Documented Periodic Health Assessment (PHA) within the last 6 months.	<input type="radio"/> Yes <input checked="" type="radio"/> No
15. Female - documented valid Pap Smear results within 12 months of deployment if < 30 years of age, 30+ years may be done every 2-3 years, if the previous 3 pap smears are normal.	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> N/A
16. Female (if over age 40) - documented annual mammogram is recommended.	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> N/A
17. Any recent surgery (within 6 months), including Lasik or cataract documented in medical record.	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> N/A
18. Any chronic health conditions (i.e., hypertension, heart disease, diabetes, asthma, sleep apnea, thyroid disease, susceptibility to heat exhaustion) documented in medical record.	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> N/A
19. Any metal in the body (including plates/screws) documented in medical record.	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> N/A

B. MEDICAL (continued)	
20. IA is within height/weight standards.	<input type="radio"/> Yes <input checked="" type="radio"/> No
21. IA is within physical fitness standards.	<input type="radio"/> Yes <input checked="" type="radio"/> No
22. Any bone, back, knee or joint disorders documented in medical record.	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> N/A
23. IA is able to walk several miles in combat boots.	<input type="radio"/> Yes <input checked="" type="radio"/> No
24. IA is able to carry field gear, flak jacket, helmet, and weapon (48 lbs) for 2 miles.	<input type="radio"/> Yes <input checked="" type="radio"/> No
26. Mobilized Reserve IA reported any TNPQ (temp. NPQ) or NPQ (not physically qualified) status (AC Sailors - N/A).	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> N/A
27. IA has NOT received any workers' compensation at civilian job within past 12 months.	<input type="radio"/> Yes <input checked="" type="radio"/> No
28. IA has NOT or does NOT receive any VA medical disability.	<input type="radio"/> Yes <input checked="" type="radio"/> No
29. If IA wears corrective lenses, must have 1 set of inserts for the M40 gas mask.	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> N/A
30. If IA wears corrective lenses, must have 1 set of UVEX lenses for ballistic sunglasses.	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> N/A
31. IA fitted and issued hearing protection (ear plugs).	<input type="radio"/> Yes <input checked="" type="radio"/> No
32. Significant medical condition(s) documented in medical record.	<input type="radio"/> Yes <input checked="" type="radio"/> No
33. DD Form 2215 (Reference Audiogram) or DD Form 2216 (Periodic Audiogram) w/in 12 months or on file in HREC.	<input type="radio"/> Yes <input checked="" type="radio"/> No
34. IA is physically qualified, not awaiting Medical Retention Review, not receiving Line of Duty benefits, and not awaiting a Physical Evaluation Board.	<input type="radio"/> Yes <input checked="" type="radio"/> No
C. DENTAL	
1. IA has dental record in hand.	<input type="radio"/> Yes <input checked="" type="radio"/> No
2. NOSC/Parent command entered dental data in NCMCMPS.	<input type="radio"/> Yes <input checked="" type="radio"/> No
3. IA has current bitewing x-rays (within 2 years).	<input type="radio"/> Yes <input checked="" type="radio"/> No
4. IA has current panogram (within 5 years, or more recently if any recent, significant dental work).	<input type="radio"/> Yes <input checked="" type="radio"/> No
5. Copies of current bitewing and panogram X-rays in Dental record.	<input type="radio"/> Yes <input checked="" type="radio"/> No
6. Current T-2 Dental exam (projecting to the end of deployment period).	<input type="radio"/> Yes <input checked="" type="radio"/> No
a. Copy of current T-2 Dental exam report in medical record.	<input type="radio"/> Yes <input checked="" type="radio"/> No
7. Dental data entered into MRRS.	<input type="radio"/> Yes <input checked="" type="radio"/> No
8. IA traveling overseas has orthodontic appliances in possession. Orthodontic appliances do not preclude deployment eligibility provided they are evaluated for stability and inactivated through the use of passive holding arches and secured with stainless steel ties, or other means prior to deployment IAW AR 614-30.	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> N/A
9. Mobilized Reserve IA has documentation of enrollment in TRICARE SELRES Dental Program, if desired.	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> N/A
10. Significant dental condition(s) documented in dental record.	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> N/A
D. PAY AND PERSONNEL	
1. IA has documentation to support any claim for delay/exemption.	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> N/A
2. IA has NOT been deployed within 6 months prior to the start of the IA assignment.	<input type="radio"/> Yes <input checked="" type="radio"/> No
3. IA has a minimum 18 Months OBLISERV (Active Duty EAOS / Mobilized Reserve EREN) from report date.	<input type="radio"/> Yes <input checked="" type="radio"/> No
a. High Year Tenure (HYT) waiver approved (as necessary).	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> N/A
b. Active duty IA Perform To Serve (PTS) submitted if on first term enlistment (Mobilized Reserve mark N/A).	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> N/A
4. Active Duty IA's PRD is at least 1 month after scheduled return (extend PRD as necessary) or has been issued Indeterminate Temporary Duty (ITDY) Orders. (Mobilized Reserve IA N/A).	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> N/A
5. IA has successfully tested access to their DFAS "My Pay" account.	<input type="radio"/> Yes <input checked="" type="radio"/> No

D. PAY AND PERSONNEL (Continued)

6. IA has active Government Travel Charge Card (GTCC).	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> N/A
a. IA's APC advised to retain GTCC for the duration of the IA assignment, UNLESS specifically directed otherwise.	<input type="radio"/> Yes <input checked="" type="radio"/> No
b. IA's APC advised to identify account as Mission Critical (between 31 st and 60 th day of account delinquency).	<input type="radio"/> Yes <input checked="" type="radio"/> No
c. IA's APC provided with ECRC contact info to assist with seriously delinquent (greater than 90 days) account.	<input type="radio"/> Yes <input checked="" type="radio"/> No
7. IA has successfully tested Common Access Card (CAC) Identification.	<input type="radio"/> Yes <input checked="" type="radio"/> No
a. PIN valid.	<input type="radio"/> Yes <input checked="" type="radio"/> No
b. Verified PKI (3 certificates present - encryption, ID, and signature) .	<input type="radio"/> Yes <input checked="" type="radio"/> No
c. Default certificate set to signature.	<input type="radio"/> Yes <input checked="" type="radio"/> No
8. Mobilized Reserve IA reviewed www.dod.mil/ra for eligibility for Reserve Income Replacement Program (RIRP) (ActiveDutyIA mark N/A).	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> N/A
a. Eligible Mobilized Reserve IA has supporting documents necessary for RIRP (Ineligible Mobilized Reserve IA or Active Duty IA mark N/A).	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> N/A
b. Eligible Mobilized Reserve IA has completed required forms and submitted to ReserveCenteror ECRC (Ineligible Mobilized Reserve IA or Active Duty IA mark N/A).	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> N/A
9. IA has signed statement from licensed physician for any incapacitated family member(s) over 21 years of age.	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> N/A
10. Mobilized Reserve IA has 3 voided personal checks or deposit slips displaying bank information for direct deposit (Active Duty IA mark N/A).	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> N/A
11. Mobilized Reserve IA has bank account information (name, address, telephone, RTN, account number) for each desired allotment (Active Duty IA mark N/A).	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> N/A
12. IA has Battle Record in hand (Battle Record contains copies of documents listed 12a-12h).	<input type="radio"/> Yes <input checked="" type="radio"/> No
a. IA orders.	<input type="radio"/> Yes <input checked="" type="radio"/> No
b. current contract with any extensions (not required for officers).	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> N/A
c. current PG2 and SGLI	<input type="radio"/> Yes <input checked="" type="radio"/> No
d. All PG4s to document qualifications, awards and ASVAB scores) (not required for officers).	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> N/A
e. PG5 (not required for officers).	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> N/A
f. Evaluations/FITREPS (document last 3 years) (officers may carry separately).	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> N/A
g. Family Separation Allowance Form (DD 1561 revision NOV06) if member has eligible dependents.	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> N/A
h. Advancement Worksheet (NETPDTC 1430/3) for next eligible advancement exam.	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> N/A
13. If active duty IA assignment is to a combat zone, a duplicate <u>Battle Record</u> forwarded to Center of Excellence (ActiveDutyIA assigned to CONUS based unit AND all Mobilized Reserve IA mark N/A).	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> N/A
14. Security Clearance annotated and signed as verified on IA orders.	<input type="radio"/> Yes <input checked="" type="radio"/> No
a. Required Clearance (Secret unless otherwise specified). Secret Actual Clearance. 	
b. Security Clearance annotated in JPAS.	<input type="radio"/> Yes <input checked="" type="radio"/> No
15. IA verified all evals/FITREPS for continuity and corrected any gaps in dates. IA has copies of last two evals/FITREPS.	<input type="radio"/> Yes <input checked="" type="radio"/> No
16. Reserver Component IA has a detachment of individual eval/FITNESS report in Field Service Record (FSR) for this mobilization or ITDY assignment. (Active Duty IA on regular TEMADD (not ITDY) mark N/A - no detachment eval/FITREP required).	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> N/A
17. Active DutyIA has submitted eval/FITREP input for next regular periodic report at parent command (Mobilized Reserve IA AND Active Duty IA issued ITDY orders mark N/A -next periodic to be done by IA command).	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> N/A

D. PAY AND PERSONNEL (Continued)	
18. Mobilized Reserve IA AND Active Duty IA issued ITDY orders have FSR in hand (Active Duty IA on TEMADD orders mark N/A - current serving personnel office retains FSR).	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> N/A
19. IA has copy of current mortgage, lease or rental agreement in possession.	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> N/A
a. Mobilized Reserve IA reviewed address on mobilization orders (Active Duty IA mark N/A).	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> N/A
b. Mobilized Reserve IA provided Reserve Center with documents to correct address on mobilization orders (Active Duty IA or Mobilized Reserve IA with correct address on mobilization orders mark N/A).	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> N/A
20. IA's personal awards verified on Navy Department Awards Web Services (NDAWS).	<input type="radio"/> Yes <input checked="" type="radio"/> No
a. Parent command or NOSC has documents necessary to update personal awards.	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> N/A
21. IA record reviewed by Educational Services Officer (ESO) for advancement exam eligibility during IA assignment.	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> N/A
a. If eligible, ESO made arrangements for testing (early or late) or forwarding of advancement exam.	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> N/A
22. Mobilized Reserve IA has documentation of one month's average utilities (Active Duty IA mark N/A).	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> N/A
23. IA has documentation for any special pay qualification(s) and entitlement(s).	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> N/A
24. IA not entitled to BAH - orders provided to Personal Property Office for review of non-temporary storage.	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> N/A
25. IA entitled to single BAH, BUT <u>instead</u> desires non-temporary storage, order writer contacted for authorization.	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> N/A
26. IA has birth certificate or passport <u>IF specifically directed by orders to get a passport</u> .	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> N/A
a. If passport directed by orders, no-fee government passport application submitted.	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> N/A
b. If passport not directed by orders, member aware of passport application process at personal expense.	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> N/A
27. If Medical Corps, Dental Corps, Medical Service Corps, or Nurse Corps, IA has certified copies or proof of:	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> N/A
a. Current license/certificate.	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> N/A
b. current BCLS, ACLS, PALS, etc.	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> N/A
c. Current demographic information if Medical Corps.	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> N/A
d. Internship.	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> N/A
e. Residency.	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> N/A
f. Board certifications.	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> N/A
28. IA, <u>not traveling overseas</u> , has vehicle registration and insurance documentation, <u>IF orders authorize POV travel</u> .	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> N/A
29. IA has certification of full-time student enrollment from school registrar for college-age family member(s).	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> N/A
30. IA travel arrangements have been made by parent command or NOSC via SATO to first destination - order accounting data (centrally billed account (CBA)) used for funding - NOT billed to IA's GTCC (mark NA only if first IA duty station is same geographic location - no air travel required).	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> N/A
a. IA briefed on travel arrangements (mark NA only first IA duty station is in same geographic location).	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> N/A
b. receiving command POC (identified within orders) notified of IA's arrival information.	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> N/A
E. TRAINING	
1. IA completed online training (via NKO) and has printed completion certificates (1a - 1n) in possession.	<input type="radio"/> Yes <input checked="" type="radio"/> No
a. CANSF-ATFP-OCONUS-1.0 ATFP Level I Awareness Training for Overseas Service Members (OCONUS)	Date Completed <input type="text"/>
b. CANS-M16WS-1.0 M16 WEAPON SAFETY	Date Completed <input type="text"/>

E. TRAINING (Continued)	
c. CANS-M9SP-1.0 M9 SERVICE PISTOL TRAINING	Date Completed <input type="text"/>
d. CPD-GMT07-013 FY07 General Military Training Unit 1.3 Operations Security	Date Completed <input type="text"/>
e. CPD-GMT07-022 FY06 General Military Training Unit 2.2 Anger Management and Suicide Awareness	Date Completed <input type="text"/>
f. CPD-GMT07-032 FY06 GMT Unit 3.2 Fraternalization & Sexual Harassment	Date Completed <input type="text"/>
g. CPD-GMT07-033 FY06 GMT Unit 3.3 Sexual Assault	Date Completed <input type="text"/>
h. DOD-IAA-V2.0 DOD Information Assurance Awareness	Date Completed <input type="text"/>
i. JKDDC-TIP-1 Trafficking in Persons Basic Awareness Training	Date Completed <input type="text"/>
j. JOB-Level B Level B - Code of Conduct (SERE 100)	Date Completed <input type="text"/>
k. NPDC-CWI-1 COLD WEATHER INJURIES	Date Completed <input type="text"/>
l. NPDC-HWI-1 HOT WEATHER INJURIES	Date Completed <input type="text"/>
m. NPDC-SAEDA-1 SAEDA BRIEFING	Date Completed <input type="text"/>
n. NPDC-USAV-1 UNITED STATES ARMY VALUES	Date Completed <input type="text"/>
2. IA has PT gear in possession (mark a and b NA if traveling to NMPS Norfolk).	<input type="radio"/> Yes <input checked="" type="radio"/> No
a. Navy T-Shirt (IA traveling to NMPS Norfolk first will be issued gear - mark N/A).	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> N/A
b. Navy Shorts (IA traveling to NMPS Norfolk first will be issued gear - mark N/A).	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> N/A
c. Navy Sweatsuit (pants and shirt).	<input type="radio"/> Yes <input checked="" type="radio"/> No
d. Running Shoes.	<input type="radio"/> Yes <input checked="" type="radio"/> No
F. PERSONAL AFFAIRS RELATED	
1. IA's family has been provided the IA Family Handbook.	<input type="radio"/> Yes <input checked="" type="radio"/> No
2. IA's family has been provided contact information for Command IA Coordinator and Ombudsman.	<input type="radio"/> Yes <input checked="" type="radio"/> No
3. IA's family has member's complete name, rank, SSN and command name for emergency purposes.	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> N/A
4. IA has documentation to support continued enrollment in Exceptional Family Member (EFM) programs.	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> N/A
5. IA has copy of current Family Care Certificate (required for single parents and dual military parents only).	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> N/A
6. IA verified dependent DEERS enrollment and ID Cards, arrangements made if ID card(s) expire during deployment.	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> N/A
7. Fleet and Family Support Center Pre-deployment Brief Completed.	<input type="radio"/> Yes <input checked="" type="radio"/> No
G. LEGAL	
1. IA counseled regarding importance of a will (although a will is not required, it is highly recommended).	<input type="radio"/> Yes <input checked="" type="radio"/> No
a. Page 2 updated to reflect location of current valid will (mark N/A only if IA elects no will).	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> N/A
2. IA has of current power(s) of attorney in possession (mark N/A only if IA elects NO power of attorney(s)).	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> N/A
3. Mobilized Reserve IA has pre-mobilization legal briefing scheduled.	<input type="radio"/> Yes <input checked="" type="radio"/> No

Submit by Email

READINESS AND DEPLOYMENT CHECKLIST

For use of this form, see DA PAM 600-81 and AR 600-8-101; the proponent agency is DCS, G-1.

DATA REQUIRED BY THE PRIVACY ACT OF 1974

AUTHORITY: 10 USC Section 3013, Secretary of the Army; Army Regulation 600-8-101, Personnel Processing (In, Out, and Mobilization Processing; and EO 9397 (SSN).

PURPOSE: To provide a standardized means to evaluate readiness posture and validate military and non-military personnel for

ROUTINE USES: The "Blanket Routine Uses" set forth at the beginning of the Army compilation of systems of records notice apply.

DISCLOSURE: Voluntary. However, failure to update and confirm information is correct may impede processing time and deployability status.

**The Readiness and Deployment Checklist is filed in the Deployment Packet to complete the action.
A copy remains at the losing organization.**

1. DATE (YYYYMMDD)	2. NAME (Last, First, Middle)	3. SSN	
4. SERVICE AFFILIATION <input type="checkbox"/> USA <input type="checkbox"/> USCG <input type="checkbox"/> USN <input type="checkbox"/> PHS <input type="checkbox"/> USAF <input type="checkbox"/> NOAA <input type="checkbox"/> USMC	5. COMPONENT <input type="checkbox"/> ACTIVE <input type="checkbox"/> GUARD <input type="checkbox"/> RESERVE <input type="checkbox"/> NON-MILITARY	6. STATUS <input type="checkbox"/> TPU <input type="checkbox"/> RET <input type="checkbox"/> IRR <input type="checkbox"/> NG10 <input type="checkbox"/> IMA <input type="checkbox"/> NG32 <input type="checkbox"/> AGR	
7. PAY PLAN/GRADE		8a. MAILING ADDRESS	
9. NON-MILITARY STATUS <input type="checkbox"/> DOD <input type="checkbox"/> CONTRACTOR <input type="checkbox"/> DAC <input type="checkbox"/> RED CROSS		10. TRAVEL STATUS a. UNIT ORDER b. INDIVIDUAL	
12. JOB TITLE/MOS (Enlisted) /AOC and/or FA (Officer)		13. ASI	
15. LANGUAGE SPECIALTIES		16. DATE LANGUAGE CERTIFIED (YYYYMMDD)	
18. UNIT/ORGANIZATION		19. UIC	
		20. UNIT PHONE NUMBER	21. DATE OF ARRIVAL IN THEATER (YYYYMMDD)
		8b. E-MAIL ADDRESS	
		11. DATE OF BIRTH (YYYYMMDD)	
		14. CITIZENSHIP COUNTRY	
		17. DEPLOYMENT COUNTRY	

22. OVERALL STATUS OF EACH SECTION

a. READINESS CERTIFICATION <input type="checkbox"/> NO GO <input type="checkbox"/> GO	b. PERSONNEL <input type="checkbox"/> NO GO <input type="checkbox"/> GO	c. CHAPLAIN <input type="checkbox"/> NO GO <input type="checkbox"/> GO	d. ARMY COMMUNITY SERVICE <input type="checkbox"/> NO GO <input type="checkbox"/> GO
e. LEGAL <input type="checkbox"/> NO GO <input type="checkbox"/> GO	f. SUPPLY AND LOGISTICS <input type="checkbox"/> NO GO <input type="checkbox"/> GO	g. SECURITY <input type="checkbox"/> NO GO <input type="checkbox"/> GO	h. TRAINING <input type="checkbox"/> NO GO <input type="checkbox"/> GO
i. MEDICAL <input type="checkbox"/> NO GO <input type="checkbox"/> GO	j. DENTAL <input type="checkbox"/> NO GO <input type="checkbox"/> GO	k. VISION <input type="checkbox"/> NO GO <input type="checkbox"/> GO	l. FINANCE <input type="checkbox"/> NO GO <input type="checkbox"/> GO

SECTION I - DEPLOYMENT VALIDATION

Part A - Accuracy Statement: I understand I am certified for deployment and to the best of my knowledge, all information contained in this document is correct and current.

1. SIGNATURE OF DEPLOYEE	2. RANK	3. TITLE
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Part B - Commander's Acknowledgment: (Commanders may approve a non-deployable individual for deployment based on the certifying official's recommendation, criticality, and mission needs, unless otherwise indicated.) I acknowledge the SRP Sites findings.

4. PRINTED NAME (CDR or AG)	5. RANK	6. TITLE
7. SIGNATURE		8. ADDRESS
9. PHONE NUMBER	10. E-MAIL ADDRESS	11. DSN
		12. FAX PHONE NUMBER

Part C - Deployment Validation: All READINESS requirements are updated and all DEPLOYMENT (theater specific) requirements are completed.

13. PRINTED NAME OF VALIDATING DEPLOYMENT OFFICIAL	14. RANK	15. TITLE
16. SIGNATURE OF DEPLOYMENT OFFICIAL		17. ADDRESS
18. PHONE NUMBER	19. E-MAIL ADDRESS	20. FAX PHONE NUMBER
		21. DATE (YYYYMMDD)

NAME (Last, First Middle)		SSN			
ITEM	DEPLOYMENT VALIDATION				CERTIFIED BY
	NA	GO	NO GO	DATE (YYYYMMDD)	
SECTION II - PERSONNEL					
1. Emergency Data Record, DD Form 93, review and update (initial and date copy)					
2. SGLV Form 8286, and 8286A, FEGLI review and update (initial and date copy)					
3. ID Tags (two TAG sets w/chains)					
4. Common Access Card: DD Form 2 (active/reserve), DD Form 1173, 1173-1 issued/DEERS					
5. ETS/ESA date pending within deployment period					
6. Permanent Physical Profile 3 or 4 (MMRB pending or complete)					
7. Dual Military or Single Parent in adoption process (waivable)					
8. Mother of newborn (first 4 months) (waivable)					
9. Conscientious objector status: pending = GO, approved = consider duty restrictions					
10. BT/AIT or equivalent training completed (includes OBC, WOBC)					
11. All previous discharge certificates (DD Forms 214 or 220), if applicable					
12. Mobilization Orders (RC only upon alert)					
13. Deployment information imputed into the Army Civilian Tracking System (DA Civilian only)					
14. Passport or Visa requested or in possession, if required (carried by person)					
15. Sole surviving son or daughter (waivable)					
16. Turkish or German citizen deploying through/to that country					
17. Former Peace Corps member (for deployment country only)					
18. Former hostage/POW in deployment area (waivable)					
19. Approved Family Care Plan, DA Form 5305-R, if required					
20. PERSTEMPO imputed as required					
21. DD Form 2365, Emergency Essential Mobility Agreement (DA Civilians only)					
22. Lautenberg Amendment					
23. Age 18 Standard for participation in combat					
24. Civilian Employment Information (CEI)					
25. ACAP Pre-Separation Counseling (AC Only)					
26. eMILPO Transaction completed					
SECTION III - CHAPLAIN					
1. Appointment or visit, if requested					
SECTION IV - ARMY COMMUNITY SERVICE (ACS)					
1. Family Readiness Group or ACS information provided					
SECTION V - LEGAL					
1. Premobilization Legal Briefing					
SECTION VI - SUPPLY AND LOGISTICS					
1. Personal military clothing, basic issue or like quantities					
2. Organization Clothing and Equipment issued for assignment					
3. Personal Protective Equipment on-hand					
4. DD Form 2506, Government provided storage of personal items (Military Only)					
5. Weapon issued, if applicable - Serial Number:					
6. Theater specific clothing issued					
7. Theater specific equipment issued					
SECTION VII - SECURITY					
1. Security clearance meets requirement for duty position					
2. Security clearance meets requirement for deployment position					
SECTION VIII - TRAINING					
1. Weapons qualification, if applicable					
2. Military Drivers License (OF 346) issued, if applicable					
3. Force Protection Training administered					
4. Media Awareness Training					
5. Theater specific training completed					
6. Personnel Recovery Education and Training					
7. Briefings (UCMJ/MEJA, Terrorist, Geneva Conventions, Law of Land Warfare, Service Member's Civil Relief Act, The Uniformed Services Employment & Re-employment Act, ESGR, Medical Threat, OPSEC/SAEDA, Safety and Local Laws)					

NAME (Last, First Middle)					SSN	
ITEM	DEPLOYMENT VALIDATION				CERTIFIED BY	
	NA	GO	NO GO	DATE (YYYYMMDD)		
SECTION IX - MEDICAL						
1. Immunizations Current						
2. Current DA Form 7349 on-hand and Soldier found qualified (USAR only)						
3. HIV-1 Antibody Test within 2 years of deployment or sample collected						
4. DNA sample on file or collected and forwarded to AFIP						
5. Exceptional Family Member						
6. Medical Record Review (DD Form 2807-1 and DD Form 2808)						
7. Pregnancy Test within 30 days of deployment						
8. Issue and fit combat arms, triple-flange, or quad-flange earplugs with carrying case						
9. Hearing aid with extra batteries, if applicable						
10. Physical Profile, DA Form 3349 (Temporary or Permanent profile that restricts deployment)						
11. Prescriptions, sufficient supply (minimum 180-day if OCONUS)						
12. Medical Warning Tags on-hand or ordered						
13. Valid DD Form 2215, Reference Audiogram or DD Form 2216, Periodic Audiogram (within 12 months) on file in HREC						
14. Completion of DD Form 2766 (Audit Preventive and Chronic Flow Sheet)						
15. Completion of DD Form 2795						
16. Tuberculosis Skin Testing (TST) (within 12 months of deployment, if required)						
17. G-6 PD Test, if required						
18. Female - Valid Pap Smear results (within 12 months of deployment)						
SECTION X - DENTAL CLASSIFICATION						
1. Dental Readiness Classification (1 or 2 = GO; 3 or 4 = NO GO)						
SECTION XI - VISION CLASSIFICATION						
1. Vision Readiness Classification (1 or 2 = GO; 3 or 4 = NO GO)						
SECTION XII - FINANCE						
1. Finance Entitlement and Travel Briefing						
2. Print or review the Soldier's Master Military Pay Account						
3. Perform Pay Account Verification with each Soldier						
4. Complete Finance Mobilization/Demobilization Documentation Requirements Checklist						
5. Prepare Finance Mobilization Packets						